Welcome to the

Rural Health Clinic

Technical Assistance Webinar 6/29/17

RHC Common Claim Errors

by

Janet Lytton, Director of Reimbursement

Rural Health Development

308-647-6455 janet.lytton@rhdconsult.com

Rural Health Development, Inc.
Health Care Consulting & Management

OBJECTIVES

- ✓ Address common RHC claim errors and how to fix them

REASON CODE 38200

- Exact duplicate of a previously submitted processed claim in the system
  - Any paid claim may only be adjusted or cancelled
  - Any denied claim may only be appealed
- Remedy
  - Determine by Remittance Advice (RA) if the claim is a paid claim or denied
  - Just because $0 were paid does not mean that it is denied
    - Most generally the claim needs adjusted (717 TOB)

REASON CODE 30905

- No record of processing an original claim for this adjustment
  - Verify the claim that you want adjusted is in a finalized status (PB9997) prior to submitting an adjustment
  - Verify the FLs on the adjustment are identical to the original claim: HIC #, Document Control Number (DCN), First two positions of the Type of Bill (TOB), Provider number
- Remedy
  - Know the status location of your claims
  - Suggest using the Direct Data Entry (DDE) system to access claims, do adjustments, do cancels, fix claims

REASON CODE 37541

- If D9 was used as a condition code, you must enter in the remarks field the reason you are requesting the adjustment; if more than one condition applies to your adjustment, use the first one on the list
- Remedy
  - Look very closely at the condition code reason choices
  - Some MACs will require “specific” verbiage for the first line of the remark, i.e. WPS

REASON CODE 30912

- This adjustment is adjusting a claim that has been previously adjusted
  - An adjustment claim cannot have another adjustment completed on the same claim
- Remedy
  - Verify that you are using the correct DCN for the claim being adjusted
  - If DCN number is incorrect or incomplete, a new adjustment claim should be submitted with the correct DCN

REASON CODE 30919

- The original for this claim has been rejected as a duplicate
- Remedy
  - Verify there has been a paid claim for this DOS
  - Submit a new original bill with correct information
  - Adjust the original claim is claim has been originally processed

REASON CODE 39927

- RHC claims with deductible and rev code 0900 are suspending
- Remedy
  - This is a FISS problem and MAC is aware of the issue
  - DO NOT submit another claim
  - Wait for an update to this in the near future

CWF Edit E9903

- Independent RHC claims TOB 71X, containing Rev Code 0780 with HCPCS Code Q3014 are receiving this edit in error. CMS has been made aware of this and has instructed MAC to hold these claims until new CR is implemented to correct CWF edit E9903
- Remedy
  - Claims are correct but hold off submitting additional claims until CR is implemented
  - DO NOT submit another claim
  - Wait for an update to this in the near future

REASON CODE 37187

- This code is on claims with RHC TOB 71X, a HCPC code billed with any rev code in the 052X range, with a single line for dates of service on or after April 1, 2016, show remarks code CO-97 on their remittance and a negative provider reimbursement.
- Remedy
  - These claims are missing either the HCPCs code and/or the CG modifier
  - These claims will need to be adjusted as it is a processed claim

REASON CODE 39001

- Outpatient claim has been rejected because our records indicate the beneficiary is a member of a Health Maintenance Organization (HMO).
- Remedy
  - The Provider of service must bill the HMO for the services reported on this claim
  - Check eligibility on patients to verify Insurance coverage prior to visit

REASON CODE C7010

- Claim has from and through dates that overlap a hospice election period and is not indicated as treatment of a nonterminal condition
- Remedy
  - Claim requires a 07condition code for services that are for the treatment of a nonterminal condition

REASON CODE T5052

- Common Working File (CWF) record indicate the beneficiary is not in file.
- Remedy
  - Verify the information on the beneficiary's Medicare Card. Submit a new claim, if appropriate.

OTHER CLAIM ERRORS

- Submitted claims with incorrect revenue code and HCPCs combination
- Remedy
  - Verify linking the two is appropriate
  - Review CR9269 and SE1611 which shows the rev codes that **cannot** be on an RHC claim

OTHER CLAIM REASON CODES

- 7NC21
  - Provider realizes services are noncovered level of care or excluded, but requests notice from Medicare or another payer.
- Resolution
  - Charges not covered by Medicare, beneficiary liable
  - An Example of this would be the physical code, 9938X.

OTHER CLAIM ERRORS

- Submitted claims with technical components on the claim or “bundled” codes i.e. 93000 instead of 93005 and 93010
- Remedy
  - Verify billing staff understand how and why to “split” any codes that have both a professional and technical components

Technical Components

- Assure System is setup for the separate billing of the Technical components to Part B for IRHCs or through the Hospital OP if PBRHC
  - X-ray Technical Components
  - EKG Tracings
  - Holter monitoring placement
  - Ultrasound Technical Component
  - Any service that has both Prof & Tech must be split

QUALIFYING VISIT CODE (QVC)

- Assure billing staff is familiar with the QVC list that is appropriate to have the CG modifier attached
- Assure line item with the CG modifier has a QVC
- Assure that CG line is the "bundled" service charges for the visit minus any preventive services billed
  - Each preventive service is a separate line item.
  - If entire claim is preventive services, the main reason for visit is to have the CG modifier on that line.

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/RHC-Qualifying-Visit-List.pdf

INTERNET WEBSITES OF INTEREST

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/RHC-Preventive-Services.pdf

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/ MM9269.pdf

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/ SE1611.pdf

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Questions ?

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